

FILED FEB 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 515

0190  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5232 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>SM. S.W. of Peculiar</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>At home</u>		e. FULL NAME OF (If not in hospital or institution, give street address or location) <u>At home</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Reuben Dar</u> b. (Middle) <u>O'Loughlin</u> c. (Last) <u>O'Loughlin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 - 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Apr. 3 - 1893</u>
9. AGE (in years last birthday) <u>57</u>	10. IF UNDER 1 YEAR Months <u>9</u> Days <u>24</u> Hours <u></u> Min. <u></u>	11. BIRTHPLACE (State or foreign country) <u>Freeman, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Active)</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John O'Loughlin</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Fields</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-22-2092</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Stella Ettington</u>		ADDRESS <u>Peculiar Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Pulmonary Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suspected Pulmonary Embolism</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION <u>4</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		452X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Jan 27</u> , 19 <u>51</u> , to <u>Feb 2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 2</u> , 19 <u>51</u> , and that death occurred at <u>11:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Martin W. Robbins, MD</u>		23b. ADDRESS <u>Peculiar, Mo.</u>	
23c. DATE SIGNED <u>2/4/51</u>		23d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Feb 5 - 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 4, 1951</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	
51		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Harrison</u>	
ADDRESS <u>Harrisonville Mo.</u>		26. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 12 1951

MISSOURI  
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Robert W. Atkinson*

Student Embalmer No. *420*

working under my personal supervision.

Student

*Robert W. Atkinson*  
Student Embalmer

Signed

*Floyd Atkinson*

Licensed Embalmer No. *3920*

P. O. Address

*Harrisonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.